



Ohio Teen Institute Leadership Conference

December 10 – 12, 2021

Recreation Unlimited; Delaware, OH

ADULT STAFF APPLICATION

Support Youth in Their Choice in Wellness!!!

To qualify for Adult Staff, applicant must:

- Have a genuine interest in supporting teens in their prevention project efforts
- Be 21 years of age or 2 years out of high school
- Have no personal alcohol or other drug problems (if in recovery, at least one year of recovery)
- Be willing to commit to the entire event including staff training

(Zoom trainings prior to weekend & staff training December 10th, conference December 10 - 12)

- Submit current BCI and FBI background checks prior to the conference

Application Deadline: Friday, September 3rd!

Send to:

Marion Crawford Prevention Programs
151 Campbell Street
Marion, OH 43302
Phone: 740-914-6444
Fax: 740-914-6610
Or email: ohioti@gmail.com

Cost: \$25.00

(to be submitted after acceptance)

Acceptance letters with further information will be mailed after September 24th.

Limited Adult Staff positions are available

Submission of an Adult Staff application does not guarantee acceptance as a member of the Staff.

Sponsored by the Ohio TI Planning Committee.,
a collaborative effort of T.I. supporters interested in providing positive Youth Led Prevention training opportunities

Send with Application:
___ Application Page
___ Medical Form
___ Workshop Proposal (optional)

2021 Ohio Teen Institute

ADULT STAFF APPLICATION

(PLEASE PRINT)

NAME _____

MAILING ADDRESS _____

CITY/STATE/ZIP _____ COUNTY _____

CELL PHONE _____ WORK PHONE _____

EMPLOYER _____

EMPLOYER/JOB TITLE _____

E-MAIL _____ GENDER _____

T-shirt Size: S M L XL 2XL 3XL 4XL

Will you be bringing students from your area/program as participants? YES NO

Please list any current certifications and/or licenses: _____

Experience working with high school students and/or Youth Led Prevention Programs:

Are you willing to present a workshop?
(If so, please submit workshop proposal)

Please check the role you are applying:

_____ Family Group Co-Facilitator
_____ Cabin Supervisor

Statement of Commitment: I understand that as a member of the Ohio TI Adult Staff I agree to attend the entire Ohio TI Conference, participate in **all** scheduled activities, including Staff Training, and follow all rules deemed necessary for the success of the Ohio TI Conference. I also understand that I will be serving as a role model and must adhere to a high standard of conduct. As OTI is an abstinence based organization, I agree to remain tobacco, alcohol, and other drug-free during the Ohio TI Conference. In addition to my assigned role, I will commit to ensuring the safety of our youth by doing the following:

- Being present during large group presentations
- Assisting with evening headcount
- Helping to maintain and encourage positive behavior in line with a leadership conference
- Be willing to help and assist with additional activities as necessary

I have read the above and agree to follow these expectations.

Signature of Adult Staff Applicant

Date

2021 Ohio Teen Institute

MEDICAL & LIABILITY FORM

Adult Staff

(PLEASE PRINT)

NAME: _____

MEDICAL CONSIDERATIONS: (Asthma, Diabetes, Etc.) _____

CURRENT PRESCRIPTIONS & OTC MEDICATIONS: _____

SPECIAL DIETARY NEEDS & FOOD ALLERGIES: _____

IN CASE OF AN EMERGENCY CONTACT:

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

Please put initials in the space provided:

In the event that I experience a minor medical condition, such as headache, stomach ache, menstrual cramps, or other complaints that would not require medical attention, I give permission to be given the following:

_____ Aspirin _____ Tylenol _____ Ibuprofen _____ Benadryl
_____ Maalox _____ Other (please specify) _____

In the event of a medical emergency and all attempts to notify the persons above have been made, I hereby authorize the staff to provide emergency medical care. If further medical care is necessary, I give permission to be transported to a medical facility to be given appropriate medical treatment if that would be necessary due to the nature of the injury or illness. I hereby release and hold harmless the organizers, agencies, Boards, schools and agents of the Ohio Teen Institute Program from any and all liability from any losses, claims, expenses, actions, causes of action, cost damages and obligations (financially or otherwise) arising from any and all acts and unforeseen contingencies that result in injury or damage to property while participating in this event. I further understand that Ohio TI will not be held responsible for my negligence including, but not limited to, horseplay, frolicking and/or rule noncompliance/breaking. I hereby release and hold harmless the organizers, agencies, boards and agents from any and all losses, claims, expenses, actions, causes of actions, cost damages and obligations (financially or otherwise) arising from any and all acts and unforeseen contingencies that result in injury to persons or damage to property while participating in this event.

Signature of Adult Staff Applicant

Date